STATE OF NEW HAMPSHIRE



2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

PLEASE PRINT

JUL 24 2018

I. Name of Lobbyist(s)	Jate Paolino			NEW.HAMPSHIRE DEPARTMENT OF STAT
II. Name of lobbyist's par	tnership, firm or	corporation, if any	/:	Deliver
National Assoc	iation of Mutua	al insurance Com	panies (NAMIC)	
(Name of	partnership, firm or	corporation)		
3601 Vincennes Ro	oad	Indianapolis	IN	46268
Business Address: (Street)		(Town/City)	(State)	(Zip Code)
(508) 431-0484 (Telephone)	()	e-mail lobbying@.	aristotle.com
(Telephone)		(Fax)		
reportable expense transa	ections which are	not attributable to		ay file a separate report for
An reportable transaction	ons occurring in a	ne months prior to m	ie reporting date relative to ti	ie renowing enem.
		surance Compani		
<u>OR</u>	ons by the lobbyis		byist Registration Form) yist's family), or the lobbyin	g firm listed below which are
•	pril 25, 2018 🔲	tion to 3/31/18	July 25, 2018 (2) activity from 4/1/18 to 6/30/18	;
	ctober 31, 2018 [ity from 7/1/18 to 9		January 30, 2019 activity from 10/1/18 to 12/3	1/18
			ransactions made since (Secretary of State's Office, 3	
VI. Check if additional re	ports are attach	ed:		
If you have received for	ees or made expen	ditures, you must fil	e Addendum A– Fees and E	Expenses
Expense Reimbursement			must file Addendum B+Ro	
☐ If you, your firm, or yo	our family has ma	de political contribut	tions, you must file Addend	um C- Political Contributions
Sworn Statement/Affirms I have read RSA 15, RSA and complete to the paperol	B, R SA 14-C :	and RSA 664 and her	reby swear or affirm that the	foregoing information is true
1/1/20	lino		7/20/2018	
(Signature of lobbyist)	- cocy		(Da	ne)
0				

Cate Paolino

(Print Name of lobbyist)

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1113		
1. Name of Lobbyisto	(s) Cate Paolino	AM148 - 19 - 19
	t's partnership, firm or corporation, if any:	
National A	ssociation of Mutual insurance Companies (NAMIC	3)
(Na	me of partnership, firm or corporation)	
III. Name of Client	National Association of Mutual insurance Companies (NAMIC)	Date 7/20/2018
to lobbying, including	nount of all fees received from the client identified ab g fees for services such as public advocacy, governmentoring legislation, and related legal work. The uses:	nent relations, or public relations services
a) Total of all fees re	eceived in this reporting period	a) \$
	received this calendar year, prior to this reporting perional the total of all prior monthly reports for this calendary	
c) Total of all fees re (Add lines a ar		e) \$
d) Indicate the amor yet been paid	unt of any such fees that are due, but have not	d) \$
fees. Separate reporting lobbyist(s)/firm Expenses are to be during the reporting individual expenses lunch where the cost being lobbied, purch (c) an itemized stater any purpose not coveremonial object to restaurant expenses	g partnerships, firms, or corporations are required to rts are to be filed for expenditures made relative to eat that are unrelated to any one client a separate repereported in one of three categories of expenses: (a) period for salaries, benefits, support staff, and office where the expenditure was of \$25.00 or less (for examples as \$25.00 or less, purchase of a pen with a value of asc of a ceremonial object given to a person being lowered by (a) (for example; purchase of a meal with a be given to the subject of lobbying with a value graph of the subject of lobbying	ach client and if expenditures are made by our may be filed for the lobbyist(s)/firm) the aggregate total of all expenses paid expenses; (b) the aggregate total of all ample: meals purchased during a business of less than \$10 that is given to the person belied with a value of \$25.00 or less); and reporting period of greater than \$25.00 to value of greater than \$25, purchase of a reater than \$25, but not greater than \$50 ums, expense reimbursement, or political
support staff, and off	xpenses for this reporting period for salaries, benefits, fice expenses, related directly or indirectly to lobbying	g. a) \$
b) Total aggregate of in a), of \$25 or less.	of expenditures during this reporting period, not repor	ted b) \$
c) Total of all itemiz	zed expenditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period		24.70
(Add lines a. b and c)		
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ _	529.13
t) Total of all expenses year to date	Ŋ\$_	553.83
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying	fees during this reporting
Paid to:	Amou	unt:
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that	the foregoing information
Masling		7/20/2018
(Signature of lobbyist)	•	(Date)
Cate Paolino		
(Print Name of lobbyist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corpora	National Association of Mutual insurance Companies (NAMIC)
	the partnership, firm, or corporation and not related to any
Date of Report (check one):	
April 25, 2018 July 25, 2018 🗸	October 31, 2018
·	e Statement of Income and Expenses described above, and Statement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing infi- complete to the best of my knewledge and beli-	ormation on the Statement and each Addendum is true and ef.
Madling	7/20/2018
(Signature of lobbyist)	(Date)
Cate Paolino	·
(Print Name of lobbyist)	